



Fee and any other required fees to Deposit Account 23-2415, and the postcard accompanying the Issue Fee transmittal and transmittal of Formal Drawings, which postcard has been stamped as received in the USPTO mail room on February 24, 1997.

Applicants respectfully request that this application be returned to pending status and proceed to Issue.

In order to expedite processing of this petition, copies of this paper and its attachments are being mailed concurrently with this filing to the Issue Fee Branch, and to the Publishing Division (Marcia Campbell-Jones).

Should the Examiner believe that any further information is required he is urged to contact Attorney for Applicants whose signature appears below by telephone at (415) 493-9300.

The Assistant Commissioner is authorized to charge any additional fees which may be required, including petition fees and any additional Issue Fee which may be required, or credit any overpayment to Deposit Account No. 23-2415 (Docket No. 13724-731). A duplicate copy of this paper is enclosed.

Respectfully submitted,

WILSON SONSINI GOODRICH & ROSATI

By:


Paul Davis

Registration No. 29,294

650 Page Mill Road
Palo Alto, California 94304
(415) 493-9300

June 24, 1997

BEST AVAILABLE COPY

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue fee or thereafter. See reverse for Certificate of Mailing, below.

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DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

1. CORRESPONDENCE ADDRESS

PAUL DAVIS
WILSON, SONSINI, GOODRICH & ROSATI
650 PAGE MILL ROAD
PALO ALTO CA 94304

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are enclosed

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/515,379

08/15/95

045

PEFFLEY, M

3311

11/29/9

First Named Applicant

BOUGH.

EDWARD J.

TITLE OF INVENTION

MULTIPLE ANTENNA ABLATION APPARATUS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3

DOMD-1039

606-041.000

G98

UTILITY

YES

\$645.00

02/28/9

Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 WILSON SONSINI GOODRICH & ROSATI

2 _____

3 _____

ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Zomed

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Mountain View, California

☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

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☒ Any Delinquencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

2/18/97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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JACQUELINE L. LIM

(Name of person making deposit)

(Signature)

(Date)



Patent Application for: Multiple Antenna Ablation Apparatus

Inventor/Applicant Baugh, Steven
Application Serial No. 08/515,379 Filing Date 8/15/95

- | | |
|---|---|
| <input type="checkbox"/> Missing Parts of Application Transmittal:
<input type="checkbox"/> Power of Attorney/Declaration
<input type="checkbox"/> Assignment/Form PTO-1595: Fee \$ _____
<input type="checkbox"/> Small Entity Declaration
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